

# Supervisor's OWCP Checklist

28 Sep 13

|    |  |
|----|--|
| 1. | <b>Injury Reported – Day of Injury</b>   |
|    | <ul style="list-style-type: none"> <li>Investigate, authorize medical care, and advise return to work with medical</li> <li><b>Notify Safety and HR-ICPA</b></li> <li>Electronic CA-1 or CA-2 are linked at <a href="http://dma.wi.gov/dma/hr/emp_resources/owcp.asp">http://dma.wi.gov/dma/hr/emp_resources/owcp.asp</a></li> <li>Electronically submit CA-1, Traumatic Injury or CA-2, Occupational Disease.</li> <li>Or at Website: <a href="http://www.cpms.osd.mil/">http://www.cpms.osd.mil/</a>, select Divisions select Injury &amp; Unemployment Compensation Division select Electronic Filing (Supervisor).</li> <li><b>Medical must be on file with HR-ICPA within 10 calendar days of injury</b></li> <li><b>Injury claim must be filed within 30 calendar days of the injury.</b></li> </ul> |
| 2. | <b>Traumatic Injury Document Required CA-16</b>  |
|    | <ul style="list-style-type: none"> <li>Employee can seek treatment from physician of choice</li> <li>CA-16 is required for Traumatic injuries requiring follow up care</li> <li><b>CA-16 must be submitted within 48 hours of the injury date</b></li> </ul>   |
| 3. | <b>Medical Documents Send To Doctor – CA-20/ CA-17 <i>Must be signed by Physician</i></b>  |
|    | <ul style="list-style-type: none"> <li>CA-20, Attending Physician's Report (each time medical treatment received)</li> <li>CA-17, Duty Status Report (Must submit after each treatment)</li> <li><b>Both forms must be returned to HR-ICPA within 48 hours of receipt</b></li> <li>Light Duty Card, ACS Billing Card</li> <li>See: <a href="http://dma.wi.gov/dma/hr/emp_resources/owcp.asp">http://dma.wi.gov/dma/hr/emp_resources/owcp.asp</a></li> </ul>  |
| 4. | <b>Continuation of Pay (COP) – <i>Must be supported by medical documentation</i></b>   |
|    | <ul style="list-style-type: none"> <li><u>45 calendar days entitlement following date of traumatic injury</u></li> <li><b>Time card code for COP: "LU" for date of injury &amp; "LT" 45 days after injury</b></li> <li>Four digit code for time card is month &amp; day of injury</li> <li>If claim is denied, change COP to LS, LA, or LWOP</li> </ul>  |
| 5. | <b>Compensation after 45 days – <i>Must be supported by medical documentation</i></b>  |
|    | <ul style="list-style-type: none"> <li>Must be in Leave Without Pay (LWOP) Status KD</li> <li>CA-7, Claim for Compensation (Submit every two weeks)</li> <li>SF 1199A, Direct Deposit Sign-up</li> <li>After 80 hours of LWOP, submit ERPA/SF-52 to HRO requesting LWOP</li> <li>Pay rate is three-fourths with dependents and two-thirds without dependents</li> </ul>  |
| 6. | <b>Medical Bills</b>   |
|    | <ul style="list-style-type: none"> <li>Web site: <a href="http://owcp.dol.acs-inc.com">http://owcp.dol.acs-inc.com</a></li> <li>Medical Provider must have ACS Provider Number to receive payment</li> <li>Bills submitted manually must be submitted on HCFA-1500 or UB-92</li> <li>Mailing address: Dept of Labor-OWCP, P.O. Box 8300, London, KY 40742</li> <li>ACS Customer Service (850) 558-1818</li> </ul>  |
| 7. | <b>Agency Point of Contact – ICPA's:</b>   |
|    | <ul style="list-style-type: none"> <li>Address: TAG – WI, Attn: WIJS-JI-SVC, P.O. Box 8111, Madison, WI 53708-8111</li> <li>Telephone #: (608) 242-3711; DSN 724-3711; Fax #: (608) 242-3726</li> <li>Email Address: <a href="mailto:Kenneth.O.Young.mil@mail.mil">Kenneth.O.Young.mil@mail.mil</a></li> <li>Telephone #: (608) 242-3705; DSN 724-3705; Fax#: (608) 242-3726</li> <li>Email Address: <a href="mailto:Lee.M.Rettmann.mil@mail.mil">Lee.M.Rettmann.mil@mail.mil</a></li> </ul>   |